

SENATE RECORD VOTE ANALYSIS

104th Congress
2nd Session

Vote No. 78

April 23, 1996, 2:15 p.m.
Page S-3836 Temp. Record

HEALTH INSURANCE REFORM/Final Passage

SUBJECT: Health Insurance Reform Act of 1996 . . . H.R. 3103. Final passage, as amended.

ACTION: BILL PASSED, 100-0

SYNOPSIS: As amended and passed, H.R. 3103, the Health Insurance Reform Act of 1996, will make health insurance more accessible, portable, and renewable. Details are provided below.

Limits on exclusions for preexisting conditions:

- a health plan will be prohibited from limiting or denying for more than 12 months coverage for a medical condition that was diagnosed or treated in the 6 months prior to enrolling in the plan;
- once a 12-month exclusion period expires for any individual, no new preexisting limit will be imposed for a medical condition so long as coverage is maintained for that condition, including in the event of job or health plan change;
- coverage of less than 12 months that an individual has under one plan will be "credited" against any preexisting condition limit imposed under a new plan;
- preexisting limits will not apply to pregnancy;
- preexisting limits will not apply to the costs of the birth or placement of a child for an individual if that birth or placement is within 30 days of the individual gaining coverage; and
- nothing in this section will be deemed as requiring a plan to provide coverage for any particular benefit or service.

Health coverage availability:

- in general, health coverage insurers may not deny coverage to employers with 2 or more employees;
- an employee of a company may not be denied insurance based on his or her health status; and
- an individual employee may not be charged a higher premium based on his or her health status, but no such prohibition will be placed on premiums charged for an entire group.

Health care renewability:

- employers and individuals will be entitled to renew health coverage as long as premiums are paid and as long as they are not

(See other side)

YEAS (100)				NAYS (0)		NOT VOTING (0)	
Republican (53 or 100%)		Democrats (47 or 100%)		Republicans (0 or 0%)	Democrats (0 or 0%)	Republicans (0)	Democrats (0)
Abraham	Helms	Akaka	Inouye				
Ashcroft	Hutchison	Baucus	Johnston				
Bennett	Inhofe	Biden	Kennedy				
Bond	Jeffords	Bingaman	Kerrey				
Brown	Kassebaum	Boxer	Kerry				
Burns	Kempthorne	Bradley	Kohl				
Campbell	Kyl	Breaux	Lautenberg				
Chafee	Lott	Bryan	Leahy				
Coats	Lugar	Bumpers	Levin				
Cochran	Mack	Byrd	Lieberman				
Cohen	McCain	Conrad	Mikulski				
Coverdell	McConnell	Daschle	Moseley-Braun				
Craig	Murkowski	Dodd	Moynihan				
D'Amato	Nickles	Dorgan	Murray				
DeWine	Pressler	Exon	Nunn				
Dole	Roth	Feingold	Pell				
Domenici	Santorum	Feinstein	Pryor				
Faircloth	Shelby	Ford	Reid				
Frist	Simpson	Glenn	Robb				
Gorton	Smith	Graham	Rockefeller				
Gramm	Snowe	Harkin	Sarbanes				
Grams	Specter	Heflin	Simon				
Grassley	Stevens	Hollings	Wellstone				
Gregg	Thomas		Wyden				
Hatch	Thompson						
Hatfield	Thurmond						
	Warner						

EXPLANATION OF ABSENCE:

- 1—Official Business
- 2—Necessarily Absent
- 3—Illness
- 4—Other

SYMBOLS:

- AY—Announced Yea
- AN—Announced Nay
- PY—Paired Yea
- PN—Paired Nay

guilty of fraud or misrepresentation.

Private Health plan purchasing cooperatives:

- State laws will be preempted that restrict employers' and individuals' ability to form voluntary coalitions to negotiate and purchase health insurance with providers and health plans.

COBRA coverage for the disabled and newborn:

- Consolidated Omnibus Reconciliation Act of 1986 (COBRA) coverage, which allows people to continue paying for employment-based coverage for 18 months after leaving employment, and which allows disabled people to extend this period by 11 months, will be amended to allow newborns and adopted children immediate access to their parents' COBRA coverage and to allow individuals who become disabled after leaving employment or who have disabled family members to use the 11-month extension.

Conversion of group coverage to individual coverage:

- an individual who has had 18 months or more of coverage under a group insurance plan will be allowed to continue that plan as an individual, provided he or she has exhausted his or her COBRA coverage; the plan issuer will be able to set the premium for such an individual plan in accordance with applicable State laws;

- States will have discretion to adopt alternative plans for ensuring that affordable health care coverage is available for individuals; State plans will be considered adequate unless the Secretary of Health and Human Services can prove their inadequacy; and

- an alternative plan that will be deemed adequate will be a State high-risk pool that will be open to individuals and that will meet certain minimum requirements.

Miscellaneous:

- health maintenance organizations will be allowed to offer plans with deductibles to individuals with medical savings accounts;
- the deductibility of health care costs for the self-employed will be gradually increased to 80 percent, long-term care plans will receive the same tax treatment as health insurance plans, tax-free investment retirement account withdrawals will be permitted for certain medical expenses, State high-risk pools will be tax exempt, and reforms to reduce Medicare fraud will be enacted (see vote No. 73; see vote No. 72 for related debate on medical savings accounts);

- health plans will give parity in coverage for severe mental illnesses and other illnesses (see vote No. 75);
- medical professionals who volunteer their services will be given Federal medical liability coverage;
- foreign medical graduates who work in underserved areas in the United States will remain eligible for visa waivers;
- it is the sense of the Senate that the Senate should pass health care legislation that will ensure health care coverage for all of the United States' pregnant women and children;

- income tax refunds will be accompanied by a statement encouraging organ and tissue donation;

- a study will be conducted to determine the extent to which patients have the freedom to choose their health care providers and the costs involved in so choosing; and

- the Health Care Finance Administration will determine by March 1, 1997 the reimbursement rates it will pay for telemedicine services.

NOTE: Prior to final passage, the Senate struck all after the enacting clause and inserted in lieu thereof the text of S. 1028, as amended.

Those favoring final passage contended:

H.R. 3103 will fix the two major, related problems with the private health insurance market, which are the lack of portability of insurance and the limits that are placed on coverage for preexisting conditions. When insurance is obtained through an employer, employees must keep their jobs in order to keep their coverage. If they lose their jobs, or if they go to new jobs, they must then obtain new insurance. If they are sick, they are often unable to obtain new insurance, and even when they are healthy they often must go through waiting periods during which they are uninsured before they get new coverage. In fact, most of the uninsured in America are just people who are between jobs and who are therefore temporarily without insurance. H.R. 3103 will deal with these problems in a very straightforward manner. Reforms include that it will guarantee the right of individuals to keep their coverage after they leave their jobs and it will eliminate most preexisting condition exclusions. These reforms have broad, bipartisan support. They unquestionably will increase premium costs, but they will also benefit all policy holders by greatly increasing their job mobility, plus it will benefit the taxpayers by relieving them of paying the medical costs incurred by people who cannot obtain insurance. These reforms are not the end of the medical reforms that urgently need to be passed, but they are reforms on which we can agree. On that basis, we urge passage of this bill.

No arguments were expressed in opposition to final passage.